

# Recommended Adult Immunization Schedule

Please see footnotes for a listing of people most at risk for contracting these vaccine-preventable diseases.

VACCINE [Route]	RECOMMENDED SCHEDULE		
<b>Hepatitis A</b> <sup>1</sup> <i>Brands may be used interchangeably.</i>  [ IM ]	First 1.0 mL dose		Second dose 6 months later
	Two doses are needed to ensure long-term protection. Travelers to countries where the disease is common should get the first dose at least 2 weeks prior to departure.		
<b>Hepatitis B</b> <sup>2</sup> <i>Brands may be used interchangeably.</i>  [ IM ]	First 1.0 mL dose	Second dose 1 to 2 months later. There must be 4 weeks between dose #1 and dose #2.	Third dose 2 to 5 months after second dose. There must be 8 weeks between doses #2 and #3, and at least 4 months between doses #1 and #3.
<b>Influenza</b> <sup>3</sup> (Flu)  [ IM ]	One 0.5 mL dose given yearly. October or November is the optimal time to give the flu shot, but vaccine may be given at any time during the influenza season (Dec-Mar).		

Adapted from the Recommendations of the Advisory Committee on Immunization Practices (ACIP)  
Centers for Disease Control and Prevention - October 1998

## Footnotes

- Persons at risk for hepatitis A include adults who travel outside the United States (except for Northern and Western Europe, New Zealand, Australia, Canada and Japan); people with chronic liver disease; all people with hepatitis C virus infection; people with hepatitis B who have chronic liver disease; illicit drug users; men who have sex with men; people with clotting disorders; people who work with hepatitis A virus in experimental lab settings (this does not refer to routine medical laboratories); and food handlers where health authorities or private employers determine vaccination to be cost-effective. Note: Prevacination testing is likely to be cost-effective for persons > 40 and younger persons in certain groups with a high prevalence of HAV infection.
- Persons at risk for hepatitis B include household contacts and sex partners of HBsAg-positive persons; users of illicit injectable drugs; heterosexuals with more than one sex partner in 6 months; men who have sex with men; people with recently diagnosed STDs; all people with hepatitis C virus infection; patients in hemodialysis units and patients with renal disease that may result in dialysis; recipients of certain blood products; health care workers and public safety workers who are exposed to blood; clients and staff of institutions for the developmentally disabled; Asian-Pacific Islanders; inmates of long-term correctional facilities; certain international travelers and all adolescents. Note: Prior serologic testing may be recommended depending on the specific level of risk and/or likelihood of previous exposure. Screen those who have emigrated from endemic areas, and household and intimate contacts of HBsAg-positive persons; if found susceptible, vaccinate.
- The influenza vaccine is recommended for people over the age of 65; people under 65 with medical problems such as heart disease, lung disease, diabetes, renal dysfunction, hemoglobinopathies, immunosuppression and/or those living in chronic care facilities; and people ≥ 6 months of age working or living with these people; all health care workers; healthy pregnant women who will be in their second or third trimesters during influenza season; pregnant women who have underlying medical conditions regardless of the stage of pregnancy; and anyone who wishes to reduce the likelihood of becoming ill with influenza.

# Recommended Adult Immunization Schedule - continued

Please see footnotes for a listing of people most at risk for contracting these vaccine-preventable diseases.

VACCINE [Route]	RECOMMENDED SCHEDULE			
Measles, Mumps, Rubella <sup>4,5</sup> ( MMR )  [ SC ]	First 0.5 mL dose		Second dose 4 weeks later	
	At least one dose is recommended for adults born in 1957 or later who are $\geq 18$ years of age and all women of childbearing age if there is no serologic proof of immunity or documentation of a dose given on or after first birthday. Adults in high-risk groups should receive a second dose. <sup>4</sup>			
Pneumococcal <sup>6</sup>  [ IM or SC ]	Routinely given as a one-time 0.5 mL dose. One-time revaccination is recommended 5 years later for people at highest risk of fatal pneumococcal infection or if the first dose was given prior to age 65 and $\geq 5$ years have elapsed. Can be given at any time during the year.			
Tetanus, Diphtheria <sup>7</sup> (Td) if initial series not given during childhood [ IM ]	First 0.5 mL dose	Second dose 4 weeks later	Third dose 6 to 12 months after second dose	Booster shot every 10 years after completion of the primary series of 3 doses
Varicella <sup>8,9</sup> (Chickenpox)  [ SC ]	First 0.5 mL dose		Second dose 1 to 2 months later	
	Two doses are recommended for persons 13 and older who have not had chickenpox.			

## Footnotes

<sup>4</sup> Persons at high risk for measles, mumps and rubella include health care workers; students entering college and other post high school educational institutions; and international travelers. Note: Adults born before 1957 are usually considered immune but proof of immunity may be desirable for health care workers.

## Footnotes - continued

- <sup>5</sup> Should not be given to pregnant women or those considering pregnancy within 3 months of vaccination.
- <sup>6</sup> Pneumococcal vaccination is recommended for all adults 65 years of age and older; people under 65 who have chronic illness or other risk factors including chronic cardiac and pulmonary diseases, anatomic or functional asplenia (including sickle cell disease), chronic liver disease, alcoholism, diabetes mellitus, CSF leaks, persons living in special environments or social settings (including Alaska Natives and certain American Indian populations); immunocompromised persons including those with HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure or nephrotic syndrome; those receiving immunosuppressive chemotherapy (including corticosteroids), and those who received an organ or bone marrow transplant.
- <sup>7</sup> A booster dose after just 5 years may be needed for wound management; consult ACIP recommendations.
- <sup>8</sup> All susceptible adults should be vaccinated, especially those who have close contact with persons at high risk for serious complications (e.g., health care workers and family contacts of immunocompromised persons) and susceptible persons who are at high risk of exposure (e.g., teachers of young children, child care employees, residents and staff in institutional settings such as colleges and correctional institutions, non-pregnant women of childbearing age, and international travelers who do not have evidence of immunity). Note: Adults with reliable histories of chickenpox can be assumed to be immune. For adults who have no reliable history, serologic testing may be cost effective since most adults with a negative or uncertain history of varicella are immune.
- <sup>9</sup> Should not be given to pregnant women or those considering pregnancy within 1 month of vaccination.